

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2013
FORM APPROVED
OMB NO. 0938-0391

45th 8/24/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2013
NAME OF PROVIDER OR SUPPLIER CELINA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 PITCOCK LANE CELINA, TN 38551		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. On 7/8/13 at 10:35 AM observations within the dietary area revealed four fluorescent light fixtures had broken lens covers. 2. On 7/8/13 at 10:43 AM observation within the food storage room in the dietary area revealed exposed wires not concealed in a junction box. <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 7/8/13.</p>	K 147	<p>K147</p> <ol style="list-style-type: none"> 1. The exposed wires were repaired on 7/10/13 by the Director of Maintenance. The lens covers were replaced on 7/17/13 by the Director of Maintenance. 2. A review of the electrical services in the building by the Director of Maintenance was conducted on 7/10/13 to identify any other areas of deficiencies. 3. The maintenance department was in serviced on 7/15/13 regarding proper maintenance of the electrical systems by the Administrator. 4. The maintenance director will examine the electrical systems weekly for four weeks and then monthly thereafter to ensure that they are in proper working order. All results will be reported to the Quality Assurance committee 	<p>Completion Date 7/17/13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul Bane

NHA

7/17/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 22 2013